

**Commonwealth of Virginia
Travel Request Form & Passenger Manifest**

Requested

Aircraft: _____ **Requested by:** _____ **Dept:** _____ **Date:** _____

Purpose of Flight: _____

Requested Itinerary	Date	Time	Requested Itinerary	Date	Time
1. Depart			5. Depart		
Arrive			Arrive		
2. Depart			6. Depart		
Arrive			Arrive		
3. Depart			7. Depart		
Arrive			Arrive		
4. Depart			8. Depart		
Arrive			Arrive		

Passenger Name	Affiliation	Address	Method of Contact
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The Department of Aviation requires a complete manifest on file before the aircraft departs any location. An itinerary will be faxed or e-mailed to the person responsible who initiates the request, for distribution among passengers.

Billing agency (and code if available): _____

Address: _____

Phone: _____ **Fax:** _____

I acknowledge that State Travel Regulations regarding the use of either State-owned or chartered aircraft apply, and that as the requesting agency, we will have complied with said regulations prior to the departure of this flight.

Authorized Signature/Title _____

Please return all approved requests to Bobbie Parker, Scheduler by Fax: 804-236-3643

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Date: _____ **Approved ()** **Declined ()**

Secretary /Authorized Designee's Signature: _____